

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
Sacrum							
	Code 54120 (tomography) may be combined with 54100 (sacrum) or 54110 (SI joints). Code 54300 (CT) limited study - limited to single sacral vertebral body. Code 54310 (CT) complete study - an extensive study of the sacral spine.						04.00
54100	X-ray of the sacrum and coccyx	04.00				3.580	261.00 (228.90)
54110	X-ray of the sacro-iliac joints	04.00				4.100	298.90 (262.20)
54120	X-ray tomography – sacrum and/or coccyx	04.00				4.300	313.50 (275.00)
54300	CT of the sacrum – limited study	04.00				7.600	554.10 (486.10)
54310	CT of the sacrum – complete study – uncontrasted	04.00				25.610	1867.30 (1638.00)
54320	CT of the sacrum with contrast	04.00				46.930	3421.80 (3001.60)
54330	CT of the sacrum pre and post contrast	04.00				52.970	3862.10 (3387.80)
54400	MR of the sacrum	04.00				65.000	4739.30 (4157.30)
54410	MR of the sacrum pre and post contrast	04.00				101.040	7367.00 (6462.30)
Pelvis							
	Codes 55110 (tomography) and 55100 (pelvis) may be combined. Code 55300 (CT) limited study – limited to a small region of interest of the pelvis eg. acetabular roof or pubic ramus.						04.00
55100	X-ray of the pelvis	04.00				3.660	266.90 (234.10)
55110	X-ray tomography – pelvis	04.00				4.300	313.50 (275.00)
55300	CT of the bony pelvis limited	04.00				9.500	692.70 (607.60)
55310	CT of the bony pelvis complete uncontrasted	04.00				25.610	1867.30 (1638.00)
55320	CT of the bony pelvis complete 3D recon	04.00				37.470	2732.00 (2396.50)
55330	CT of the bony pelvis with contrast	04.00				46.930	3421.80 (3001.60)
55340	CT of the bony pelvis – pre and post contrast	04.00				52.970	3862.10 (3387.80)
55400	MR of the bony pelvis	04.00				65.000	4739.30 (4157.30)
55410	MR of the bony pelvis pre and post contrast	04.00				102.240	7454.50 (6539.00)
55900	Nuclear medicine study – Bone regional pelvis	04.00		21.500	1567.60 (1375.10)		
55910	Nuclear medicine study – Bone tomography regional pelvis	04.00		13.410	977.70 (857.60)		
55920	Nuclear medicine study – with flow	04.00		6.020	438.90 (385.00)		
Hips							
	Code 56130 (tomography) may be combined with 56100 or 56110 or 56120 (hip). Code 56140 (stress) may be combined with 56100 or 56110 or 56120 (hip). Code 56150 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 56160 (introduction of contrast into hip joint) to be used with 56310 (CT hip) and 56410 (MR hip) and includes fluoroscopy. The combination of 56150 and 56310 and 56410 is not supported except in exceptional circumstances with motivation. Code 56300 (CT) study limited to small region of interest eg part of femur head.						04.00
56100	X-ray of the left hip	04.00				3.180	231.90 (203.40)
56110	X-ray of the right hip	04.00				3.180	231.90 (203.40)
56120	X-ray pelvis and hips	04.00				6.020	438.90 (385.00)
56130	X-ray tomography – hip	04.00				4.300	313.50 (275.00)
56140	X-ray of the hip/s – stress study	04.00				4.380	319.40 (280.20)
56150	X-ray arthrography of the hip joint including introduction contrast	04.00				15.750	1148.40 (1007.40)
56160	X-ray guidance and introduction of contrast into hip joint only	04.00				7.410	540.30 (473.90)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
56200	Ultrasound of the hip joints	04.00				6.500	473.90 (415.70)
56300	CT of hip – limited	04.00				9.500	692.70 (607.60)
56310	CT of hip – complete	05.05				27.370	1995.60 (1750.50)
56320	CT of hip – complete with 3D recon	04.00				39.780	2900.40 (2544.20)
56330	CT of hip with contrast	04.00				43.260	3154.20 (2766.80)
56340	CT of hip pre and post contrast	04.00				47.880	3491.00 (3062.30)
56400	MR of the hip joint/s, limited study	04.00				44.900	3273.70 (2871.70)
56410	MR of the hip joint/s	04.00				64.100	4673.70 (4099.70)
56420	MR of the hip joint/s, pre and post contrast	04.00				101.640	7410.80 (6500.70)
56900	Nuclear medicine study – Bone regional pelvis	04.00		21 500	1567.60 (1375.10)		
56910	Nuclear medicine study – Bone limited static plus flow	04.00		27 530	2007.30 (1760.80)		
56920	Nuclear medicine study – Bone tomography regional	04.00		13 410	977.70 (857.60)		
Upper limbs							
General							
	Code 60100 (stress only) is a stand alone study and may not be combined with other codes. Code 60110 (tomography) may be combined with any one of the defined regional x-ray studies of the upper limb. Motivation may be required for more than one regional tomographic study per visit. Code 60200 (U/S) may only be used once per visit. Code 60300 (CT) limited study – limited to a small region of interest eg. part of humeral head. Code 60400 (MR limited) may only be used once per visit.						04.00
60100	X-ray upper limbs - any region - stress studies only	04.00				4.520	329.60 (289.10)
60110	X-ray upper limbs - any region – tomography	04.00				4.300	313.50 (275.00)
60200	Ultrasound upper limb – soft tissue - any region	04.00				7.380	538.10 (472.00)
60210	Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour doppler	04.00				13.640	994.50 (872.40)
60220	Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour doppler	04.00				13.640	994.50 (872.40)
60230	Ultrasound peripheral venous system upper limbs including pulse and colour doppler for deep vein thrombosis	04.00				12.540	914.30 (802.00)
60240	Ultrasound peripheral venous system upper limbs including pulse and colour doppler	04.00				17.260	1258.50 (1103.90)
60300	CT of the upper limbs limited study	04.00				9.500	692.70 (607.60)
60310	CT angiography of the upper limb	04.00				78.280	5707.60 (5006.70)
60400	MR of the upper limbs limited study, any region	04.00				44.800	3266.50 (2865.40)
60410	MR angiography of the upper limb	04.00				74.660	5443.60 (4775.10)
60500	Arteriogram of subclavian, upper limb arteries alone, unilateral	04.00				45.670	3329.90 (2921.00)
60510	Arteriogram of subclavian, upper limb arteries alone, bilateral	04.00				82.670	6027.60 (5287.40)
60520	Arteriogram of aortic arch, subclavian, upper limb, unilateral	04.00				56.750	4137.80 (3629.60)
60530	Arteriogram of aortic arch, subclavian, upper limb, bilateral	04.00				88.110	6424.30 (5635.40)
60540	Venography, antegrade of upper limb veins unilateral	04.00				26.120	1904.50 (1670.60)
60550	Venography, antegrade of upper limb veins bilateral	04.00				49.430	3604.00 (3161.40)
60560	Venography, retrograde of upper limb veins unilateral	04.00				31.010	2261.00 (1983.30)
60570	Venography, retrograde of upper limb veins bilateral	04.00				54.810	3996.30 (3505.50)

Code	Description	Ver	Add	Nuclear Medicine		Radiology		
				RVU	Fee	RVU	Fee	
60580	Venography, shuntogram, dialysis access shunt	04.00				23.790	1734.60 (1521.60)	
60900	Nuclear medicine study – Venogram upper limb	04.00		37.120	2706.50 (2374.10)			
Shoulder								
	Code 61160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 61170 (introduction of contrast into the shoulder joint) may be combined with 61300 and 61305 (CT), or 61400 and 61405 (MR). The combination of 61160 (arthrography) and 61300 and 61305 (CT) or 61400 and 61405 (MR) is not supported except in exceptional circumstances with motivation.							04.00
61100	X-ray of the left clavicle	04.00				3.040	221.70 (194.50)	
61105	X-ray of the right clavicle	04.00				3.040	221.70 (194.50)	
61110	X-ray of the left scapula	04.00				3.040	221.70 (194.50)	
61115	X-ray of the right scapula	04.00				3.040	221.70 (194.50)	
61120	X-ray of the left acromio-clavicular joint	04.00				3.140	228.90 (200.80)	
61125	X-ray of the right acromio-clavicular joint	04.00				3.140	228.90 (200.80)	
61128	X-ray of acromio-clavicular joints plus stress studies bilateral	04.00				7.680	560.00 (491.20)	
61130	X-ray of the left shoulder	04.00				3.480	253.70 (222.50)	
61135	X-ray of the right shoulder	04.00				3.480	253.70 (222.50)	
61140	X-ray of the left shoulder plus subacromial impingement views	04.00				5.920	431.60 (378.60)	
61145	X-ray of the right shoulder plus subacromial impingement views	04.00				5.920	431.60 (378.60)	
61150	X-ray of the left subacromial impingement views only	04.00				3.240	236.20 (207.20)	
61155	X-ray of the right subacromial impingement views only	04.00				3.240	236.20 (207.20)	
61160	X-ray arthrography shoulder joint including introduction of contrast	04.00				15.830	1154.20 (1012.50)	
61170	X-ray guidance and introduction of contrast into shoulder joint only	04.00				7.410	540.30 (473.90)	
61200	Ultrasound of the left shoulder joint	04.00				6.500	473.90 (415.70)	
61210	Ultrasound of the right shoulder joint	04.00				6.500	473.90 (415.70)	
61300	CT of the left shoulder joint – uncontrasted	04.00				24.360	1776.10 (1558.00)	
61305	CT of the right shoulder joint – uncontrasted	04.00				24.360	1776.10 (1558.00)	
61310	CT of the left shoulder – complete with 3D recon	04.00				37.660	2745.90 (2408.70)	
61315	CT of the right shoulder – complete with 3D recon	04.00				37.660	2745.90 (2408.70)	
61320	CT of the left shoulder joint - pre and post contrast	04.00				48.630	3545.70 (3110.30)	
61325	CT of the right shoulder joint - pre and post contrast	04.00				48.630	3545.70 (3110.30)	
61400	MR of the left shoulder	04.00				64.640	4713.00 (4134.20)	
61405	MR of the right shoulder	04.00				64.640	4713.00 (4134.20)	
61410	MR of the left shoulder pre and post contrast	04.00				101.040	7367.00 (6462.30)	
61415	MR of the right shoulder pre and post contrast	04.00				101.040	7367.00 (6462.30)	
Humerus								
62100	X-ray of the left humerus	04.00				2.940	214.40 (188.10)	
62105	X-ray of the right humerus	04.00				2.940	214.40 (188.10)	
62300	CT of the left upper arm	04.00				24.360	1776.10 (1558.00)	

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
62305	CT of the right upper arm	04.00				24.360	1776.10 (1558.00)
62310	CT of the left upper arm contrasted	04.00				39.970	2914.30 (2556.40)
62315	CT of the right upper arm contrasted	04.00				39.970	2914.30 (2556.40)
62320	CT of the left upper arm pre and post contrast	04.00				48.580	3542.10 (3107.10)
62325	CT of the right upper arm pre and post contrast	04.00				48.580	3542.10 (3107.10)
62400	MR of the left upper arm	04.00				64.200	4681.00 (4106.10)
62405	MR of the right upper arm	04.00				64.200	4681.00 (4106.10)
62410	MR of the left upper arm pre and post contrast	04.00				102.040	7439.90 (6526.20)
62415	MR of the right upper arm pre and post contrast	04.00				102.040	7439.90 (6526.20)
62900	Nuclear medicine study – Bone limited/regional static	04.00		21 500	1567.60 (1375.10)		
62905	Nuclear medicine study – Bone limited static plus flow	04.00		27 530	2007.30 (1760.80)		
62910	Nuclear medicine study – Bone tomography regional	04.00		13 410	977.70 (857.60)		
Elbow							
	Code 63120 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 63130 (introduction of contrast) may be combined with 63300 and 63305 (CT) or 63400 and 63405 (MR). The combination of 63120 (arthrography) and 63300 and 63305 or 63400 and 63405 (MR) is not supported except in exceptional circumstances with motivation.						04.00
63100	X-ray of the left elbow	04.00				3.140	228.90 (200.80)
63105	X-ray of the right elbow	04.00				3.140	228.90 (200.80)
63110	X-ray of the left elbow with stress	04.00				4.340	316.40 (277.50)
63115	X-ray of the right elbow with stress	04.00				4.340	316.40 (277.50)
63120	X-ray arthrography elbow joint including introduction of contrast	04.00				15.890	1158.60 (1016.30)
63130	X-ray guidance and introduction of contrast into elbow joint only	04.00				7.410	540.30 (473.90)
63200	Ultrasound of the left elbow joint	04.00				6.500	473.90 (415.70)
63205	Ultrasound of the right elbow joint	04.00				6.500	473.90 (415.70)
63300	CT of the left elbow	04.00				24.360	1776.10 (1558.00)
63305	CT of the right elbow	04.00				24.360	1776.10 (1558.00)
63310	CT of the left elbow – complete with 3D recon	04.00				37.660	2745.90 (2408.70)
63315	CT of the right elbow – complete with 3D recon	04.00				37.660	2745.90 (2408.70)
63320	CT of the left elbow contrasted	04.00				39.970	2914.30 (2556.40)
63325	CT of the right elbow contrasted	04.00				39.970	2914.30 (2556.40)
63330	CT of the left elbow pre and post contrast	04.00				48.630	3545.70 (3110.30)
63335	CT of the right elbow pre and post contrast	04.00				48.630	3545.70 (3110.30)
63400	MR of the left elbow	04.00				64.640	4713.00 (4134.20)
63405	MR of the right elbow	04.00				64.640	4713.00 (4134.20)
63410	MR of the left elbow pre and post contrast	04.00				101.040	7367.00 (6462.30)
63415	MR of the right elbow pre and post contrast	04.00				101.040	7367.00 (6462.30)
63905	Nuclear medicine study – Bone limited/regional static	04.00		21 500	1567.60 (1375.10)		

Code	Description	Ver	Add	Nuclear Medicine		Radiology		
				RVU	Fee	RVU	Fee	
63910	Nuclear medicine study – Bone limited static plus flow	04.00		27.530	2007.30 (1760.80)			
63915	Nuclear medicine study – Bone tomography regional	04.00		13.410	977.70 (857.60)			
Forearm								
64100	X-ray of the left forearm	04.00				2.940	214.40 (188.10)	
64105	X-ray of the right forearm	04.00				2.940	214.40 (188.10)	
64110	X-ray peripheral bone densitometry	04.00				1.960	142.90 (125.40)	
64300	CT of the left forearm	04.00				24.360	1776.10 (1558.00)	
64305	CT of the right forearm	04.00				24.360	1776.10 (1558.00)	
64310	CT of the left forearm contrasted	04.00				39.970	2914.30 (2556.40)	
64315	CT of the right forearm contrasted	04.00				39.970	2914.30 (2556.40)	
64320	CT of the left forearm pre and post contrast	04.00				48.580	3542.10 (3107.10)	
64325	CT of the right forearm pre and post contrast	04.00				48.580	3542.10 (3107.10)	
64400	MR of the left forearm	04.00				64.200	4681.00 (4106.10)	
64405	MR of the right forearm	04.00				64.200	4681.00 (4106.10)	
64410	MR of the left forearm pre and post contrast	04.00				98.040	7148.30 (6270.40)	
64415	MR of the right forearm pre and post contrast	04.00				98.040	7148.30 (6270.40)	
64900	Nuclear medicine study – Bone limited regional static	04.00		21.500	1567.60 (1375.10)			
64905	Nuclear medicine study – Bone limited static plus flow	04.00		27.530	2007.30 (1760.80)			
64910	Nuclear medicine study – Bone tomography regional	04.00		13.410	977.70 (857.60)			
Hand and Wrist								
	Code 65120 (finger) may not be combined with 65100 or 65105 (hands). Codes 65130 and 65135 (wrists) may be combined with 65140 or 65145 (scaphoid) respectively if requested and additional views done. Code 65160 (arthrography) includes fluoroscopy and the introduction of contrast (00140 may not be added). Code 65170 (contrast) may be combined with 65300 and 65305 (CT) or 65400 and 65405 (MR). The combination of 65160 (arthrography) and 65300 and 65305 or 65400 and 65405 is not supported except in exceptional circumstances with motivation.							04.00
65100	X-ray of the left hand	04.00				3.080	224.60 (197.00)	
65105	X-ray of the right hand	04.00				3.080	224.60 (197.00)	
65110	X-ray of the left hand – bone age	04.00				3.080	224.60 (197.00)	
65120	X-ray of a finger	04.00				2.670	194.70 (170.80)	
65130	X-ray of the left wrist	04.00				3.180	231.90 (203.40)	
65135	X-ray of the right wrist	04.00				3.180	231.90 (203.40)	
65140	X-ray of the left scaphoid	04.00				3.300	240.60 (211.10)	
65145	X-ray of the right scaphoid	04.00				3.300	240.60 (211.10)	
65150	X-ray of the left wrist, scaphoid and stress views	04.00				7.560	551.20 (483.50)	
65155	X-ray of the right wrist, scaphoid and stress views	04.00				7.560	551.20 (483.50)	
65160	X-ray arthrography wrist joint including introduction of contrast	04.00				15.930	1161.50 (1018.90)	
65170	X-ray guidance and introduction of contrast into wrist joint only	04.00				7.410	540.30 (473.90)	
65200	Ultrasound of the left wrist	04.00				6.500	473.90 (415.70)	

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
65210	Ultrasound of the right wrist	04.00				6.500	473.90 (415.70)
65300	CT of the left wrist and hand	04.00				24.360	1776.10 (1558.00)
65305	CT of the right wrist and hand	04.00				24.360	1776.10 (1558.00)
65310	CT of the left wrist and hand - complete with 3D recon	04.00				37.660	2745.90 (2408.70)
65315	CT of the right wrist and hand - complete with 3D recon	04.00				37.660	2745.90 (2408.70)
65320	CT of the left wrist and hand contrasted	04.00				39.970	2914.30 (2556.40)
65325	CT of the right wrist and hand contrasted	04.00				39.970	2914.30 (2556.40)
65330	CT of the left wrist and hand pre and post contrast	04.00				48.630	3545.70 (3110.30)
65335	CT of the right wrist and hand pre and post contrast	04.00				48.630	3545.70 (3110.30)
65400	MR of the left wrist and hand	04.00				64.640	4713.00 (4134.20)
65405	MR of the right wrist and hand	04.00				64.640	4713.00 (4134.20)
65410	MR of the left wrist and hand pre and post contrast	04.00				101.040	7367.00 (6462.30)
65415	MR of the right wrist and hand pre and post contrast	04.00				101.040	7367.00 (6462.30)
65900	Nuclear Medicine study – bone limited/regional static	04.00		21.500	1567.60 (1375.10)		
65905	Nuclear Medicine study – bone limited static plus flow	04.00		27.530	2007.30 (1760.80)		
65910	Nuclear Medicine study – bone tomography regional	04.00		13.410	977.70 (857.60)		
Soft Tissue							
69900	Nuclear medicine study – Tumour localisation planar, static	04.00		20.740	1512.20 (1326.50)		
69905	Nuclear medicine study – Tumour localisation planar, static, multiple studies	04.00		35.170	2564.30 (2249.40)		
69910	Nuclear medicine study – Tumour localisation planar, static and SPECT	04.00		34.150	2489.90 (2184.10)		
69915	Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT	04.00		47.560	3467.70 (3041.80)		
69920	Nuclear medicine study – Infection localisation planar, static	04.00		18.040	1315.30 (1153.80)		
69925	Nuclear medicine study – Infection localisation planar, static, multiple studies	04.00		31.450	2293.10 (2011.50)		
69930	Nuclear medicine study – Infection localisation planar, static and SPECT	04.00		31.450	2293.10 (2011.50)		
69935	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	04.00		44.860	3270.80 (2869.10)		
69940	Nuclear medicine study – Regional lymph node mapping dynamic	04.00		6.020	438.90 (385.00)		
69945	Nuclear medicine study – Regional lymph node mapping, static, planar	04.00		24.100	1757.20 (1541.40)		
69950	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	04.00		37.510	2734.90 (2399.00)		
69955	Nuclear medicine study – Regional lymph node mapping SPECT	04.00		13.410	977.70 (857.60)		
69960	Nuclear medicine study – Lymph node localisation with gamma probe	04.00		13.410	977.70 (857.60)		
Lower Limbs							
General							
	Code 70100 (stress) is a stand alone study and may not be combined with other codes. Code 70110 (tomography) may be combined with any one of the defined regional x-ray studies of the lower limb. Motivation may be required for more than one regional tomographic study per visit. Code 70200 (U/S) may only be billed once per visit. Code 70300 ((CT) limited study – limited to a small region of interest eg part of condyle of the knee. Codes 70310 and 70320 (CT angiography) may not be combined. Code 70400 (MR limited) may only be used once per visit. Code 70410 and 70420 (MR angiography) may not be combined.						04.00
70100	X-ray lower limbs - any region- stress studies only	04.00				4.520	329.60 (289.10)

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				RVU	Fee	RVU	Fee
70110	X-ray lower limbs - any region-tomography	04.00				4.300	313.50 (275.00)
70120	X-ray of the lower limbs full length study	04.00				6.460	471.00 (413.20)
70200	Ultrasound lower limb – soft tissue - any region	04.00				7.380	538.10 (472.00)
70210	Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler	04.00				13.640	994.50 (872.40)
70220	Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler	04.00				13.640	994.50 (872.40)
70230	Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis	04.00				13.640	994.50 (872.40)
70240	Ultrasound peripheral venous system lower limbs including pulse and colour doppler in erect and supine position including all compression and reflux manoeuvres, deep and superficial systems bilaterally	04.00				19.660	1433.40 (1257.40)
70300	CT of the lower limbs limited study	04.00				9.500	692.70 (607.60)
70310	CT angiography of the lower limb	04.00				79.430	5791.40 (5080.20)
70320	CT angiography abdominal aorta and outflow lower limbs	04.00				98.340	7170.20 (6289.60)
70400	MR of the lower limbs limited study	04.00				46.400	3383.10 (2967.60)
70410	MR angiography of the lower limb	04.00				76.660	5589.40 (4903.00)
70420	MR angiography of the abdominal aorta and lower limbs	04.00				118.860	8666.30 (7602.00)
70500	Angiography of pelvic and lower limb arteries unilateral	04.00				40.590	2959.50 (2596.10)
70505	Angiography of pelvic and lower limb arteries bilateral	04.00				75.920	5535.50 (4855.70)
70510	Angiography of abdominal aorta, pelvic and lower limb vessels unilateral	04.00				61.230	4464.40 (3916.10)
70515	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral	04.00				85.660	6245.60 (5478.60)
70520	Angiography translumbar aorta with full peripheral study	04.00				45.680	3330.60 (2921.60)
70530	Venography, antegrade of lower limb veins, unilateral	04.00				25.460	1856.30 (1628.30)
70535	Venography, antegrade of lower limb veins, bilateral	04.00				49.430	3604.00 (3161.40)
70540	Venography, retrograde of lower limb veins, unilateral	04.00				31.170	2272.70 (1993.60)
70545	Venography, retrograde of lower limb veins, bilateral	04.00				56.790	4140.70 (3632.20)
70560	Lymphangiography, lower limb, unilateral	04.00				51.040	3721.40 (3264.40)
70565	Lymphangiography, lower limb, bilateral	04.00				83.970	6122.40 (5370.50)
70900	Nuclear medicine study – Venogram lower limb	04.00		37.120	2706.50 (2374.10)		
Femur							
71100	X-ray of the left femur	04.00				2.940	214.40 (188.10)
71105	X-ray of the right femur	04.00				2.940	214.40 (188.10)
71300	CT of the left femur	04.00				24.520	1787.80 (1568.20)
71305	CT of the right femur	04.00				24.520	1787.80 (1568.20)
71310	CT of the left upper leg contrasted	04.00				41.830	3049.90 (2675.40)
71315	CT of the right upper leg contrasted	04.00				41.830	3049.90 (2675.40)
71320	CT of the left upper leg pre and post contrast	04.00				49.710	3624.50 (3179.40)
71325	CT of the right upper leg pre and post contrast	04.00				49.710	3624.50 (3179.40)
71400	MR of the left upper leg	04.00				64.800	4724.70 (4144.50)

Code	Description	Ver	Add	Nuclear Medicine		Radiology		
				RVU	Fee	RVU	Fee	
71405	MR of the right upper leg	04.00				64.800	4724.70 (4144.50)	
71410	MR of the left upper leg pre and post contrast	04.00				102.040	7439.90 (6526.20)	
71415	MR of the right upper leg pre and post contrast	04.00				102.040	7439.90 (6526.20)	
71900	Nuclear Medicine study – bone limited/regional static	04.00		21 500	1567.60 (1375.10)			
71905	Nuclear Medicine study – Bone limited static plus flow	04.00		27 530	2007.30 (1760.80)			
71910	Nuclear Medicine study – Bone tomography regional	04.00		13 410	977.70 (857.60)			
Knee								
	Codes 72140 and 72145 (patella) may not be added to 72100, 72105, 72110, 72115, 72130, 72135 (knee views) Code 72160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 72170 (introduction of contrast) may be combined with 72300 and 72305 (CT) or 72400 and 72405 (MR). The combination of 72160 (arthrography) and 72300 and 72305 (CT) or 72400 and 72405 (MR) is not supported except in exceptional circumstances with motivation.							04.00
72100	X-ray of the left knee one or two views	04.00				2.770	202.00 (177.20)	
72105	X-ray of the right knee one or two views	04.00				2.770	202.00 (177.20)	
72110	X-ray of the left knee, more than two views	04.00				3.320	242.10 (212.40)	
72115	X-ray of the right knee, more than two views	04.00				3.320	242.10 (212.40)	
72120	X-ray of the left knee including patella	04.00				4.620	336.90 (295.50)	
72125	X-ray of the right knee including patella	04.00				4.620	336.90 (295.50)	
72130	X-ray of the left knee with stress views	04.00				5.820	424.30 (372.20)	
72135	X-ray of the right knee with stress views	04.00				5.820	424.30 (372.20)	
72140	X-ray of left patella	04.00				2.770	202.00 (177.20)	
72145	X-ray of right patella	04.00				2.770	202.00 (177.20)	
72150	X-ray both knees standing – single view	04.00				2.800	204.20 (179.10)	
72160	X-ray arthrography knee joint including introduction of contrast	04.00				15.810	1152.70 (1011.10)	
72170	X-ray guidance and introduction of contrast into knee joint only	04.00				7.410	540.30 (473.90)	
72200	Ultrasound of the left knee joint	04.00				6.500	473.90 (415.70)	
72205	Ultrasound of the right knee joint	04.00				6.500	473.90 (415.70)	
72300	CT of the left knee	04.00				24.520	1787.80 (1568.20)	
72305	CT of the right knee	04.00				24.520	1787.80 (1568.20)	
72310	CT of the left knee complete study with 3D reconstructions	04.00				35.930	2619.70 (2298.00)	
72315	CT of the right knee complete study with 3D reconstructions	04.00				35.930	2619.70 (2298.00)	
72320	CT of the left knee contrasted	04.00				41.830	3049.90 (2675.40)	
72325	CT of the right knee contrasted	04.00				41.830	3049.90 (2675.40)	
72330	CT of the left knee pre and post contrast	04.00				49.760	3628.10 (3182.50)	
72335	CT of the right knee pre and post contrast	04.00				49.760	3628.10 (3182.50)	
72400	MR of the left knee	04.00				64.100	4673.70 (4099.70)	
72405	MR of the right knee	04.00				64.100	4673.70 (4099.70)	
72410	MR of the left knee pre and post contrast	04.00				100.840	7352.40 (6449.50)	

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
72415	MR of the right knee pre and post contrast	04.00				100.840	7352.40 (6449.50)
72900	Nuclear Medicine study – Bone limited/regional static	04.00		21.500	1567.60 (1375.10)		
72905	Nuclear Medicine study – Bone limited static plus flow	04.00		27.530	2007.30 (1760.80)		
72910	Nuclear Medicine study – Bone tomography regional	04.00		13.410	977.70 (857.60)		
Lower Leg							
73100	X-ray of the left lower leg	04.00				2.940	214.40 (188.10)
73105	X-ray of the right lower leg	04.00				2.940	214.40 (188.10)
73300	CT of the left lower leg	04.00				24.520	1787.80 (1568.20)
73305	CT of the right lower leg	04.00				24.520	1787.80 (1568.20)
73310	CT of the left lower leg contrasted	04.00				41.830	3049.90 (2675.40)
73315	CT of the right lower leg contrasted	04.00				41.830	3049.90 (2675.40)
73320	CT of the left lower leg pre and post contrast	04.00				49.710	3624.50 (3179.40)
73325	CT of the right lower leg pre and post contrast	04.00				49.710	3624.50 (3179.40)
73400	MR of the left lower leg	04.00				64.200	4681.00 (4106.10)
73405	MR of the right lower leg	04.00				64.200	4681.00 (4106.10)
73410	MR of the left lower leg pre and post contrast	04.00				102.040	7439.90 (6526.20)
73415	MR of the right lower leg pre and post contrast	04.00				102.040	7439.90 (6526.20)
73900	Nuclear Medicine study – bone limited/regional static	04.00		21.500	1567.60 (1375.10)		
73905	Nuclear Medicine study – bone limited static plus flow	04.00		27.530	2007.30 (1760.80)		
73910	Nuclear Medicine study – bone tomography regional	04.00		13.410	977.70 (857.60)		
Ankle and Foot							
	Code 74145 (toe) may not be combined with 74120 or 74125 (foot). Code 74150 (sesamoid bones) may be combined with 74120 or 74125 (foot) if requested. Codes 74120 and 74125 (foot) may only be combined with 74130 and 74135 (calcaneus) if specifically requested. Code 74160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 74170 (introduction of contrast) may be combined with 74300 and 74305 (CT) or 74400 and 74405 (MR). The combination of 74160 (arthrography) and 74300 and 74305 (CT) or 74400 and 74405 (MR) are not supported except in exceptional circumstances with motivation.						04.00
74100	X-ray of the left ankle	04.00				3.320	242.10 (212.40)
74105	X-ray of the right ankle	04.00				3.320	242.10 (212.40)
74110	X-ray of the left ankle with stress views	04.00				4.520	329.60 (289.10)
74115	X-ray of the right ankle with stress views	04.00				4.520	329.60 (289.10)
74120	X-ray of the left foot	04.00				2.800	204.20 (179.10)
74125	X-ray of the right foot	04.00				2.800	204.20 (179.10)
74130	X-ray of the left calcaneus	04.00				2.740	199.80 (175.30)
74135	X-ray of the right calcaneus	04.00				2.740	199.80 (175.30)
74140	X-ray of both feet – standing – single view	04.00				2.800	204.20 (179.10)
74145	X-ray of a toe	04.00				2.670	194.70 (170.80)
74150	X-ray of the sesamoid bones one or both sides	04.00				2.800	204.20 (179.10)
74160	X-ray arthrography ankle joint including introduction of contrast	04.00				15.910	1160.00 (1017.50)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
74170	X-ray guidance and introduction of contrast into ankle joint	04.00				7.410	540.30 (473.90)
74210	Ultrasound of the left ankle	04.00				6.500	473.90 (415.70)
74215	Ultrasound of the right ankle	04.00				6.500	473.90 (415.70)
74220	Ultrasound of the left foot	04.00				6.500	473.90 (415.70)
74225	Ultrasound of the right foot	04.00				6.500	473.90 (415.70)
74290	Ultrasound bone densitometry	04.00				2.040	148.70 (130.40)
74300	CT of the left ankle/foot	04.00				24.520	1787.80 (1568.20)
74305	CT of the right ankle/foot	04.00				24.520	1787.80 (1568.20)
74310	CT of the left ankle/foot – complete with 3D recon	04.00				37.810	2756.80 (2418.20)
74315	CT of the right ankle/foot – complete with 3D recon	04.00				37.810	2756.80 (2418.20)
74320	CT of the left ankle/foot contrasted	04.00				41.830	3049.90 (2675.40)
74325	CT of the right ankle/foot contrasted	04.00				41.830	3049.90 (2675.40)
74330	CT of the left ankle/foot pre and post contrast	04.00				49.710	3624.50 (3179.40)
74335	CT of the right ankle/foot pre and post contrast	04.00				49.710	3624.50 (3179.40)
74400	MR of the left ankle	04.00				64.100	4673.70 (4099.70)
74405	MR of the right ankle	04.00				64.100	4673.70 (4099.70)
74410	MR of the left ankle pre and post contrast	04.00				100.640	7337.90 (6436.80)
74415	MR of the right ankle pre and post contrast	04.00				100.640	7337.90 (6436.80)
74420	MR of the left foot	04.00				64.200	4681.00 (4106.10)
74425	MR of the right foot	04.00				64.200	4681.00 (4106.10)
74430	MR of the left foot pre and post contrast	04.00				102.040	7439.90 (6526.20)
74435	MR of the right foot pre and post contrast	04.00				102.040	7439.90 (6526.20)
74900	Nuclear Medicine study – Bone limited/regional static	04.00		21.500	1567.60 (1375.10)		
74905	Nuclear Medicine study – Bone limited static plus flow	04.00		27.530	2007.30 (1760.80)		
74910	Nuclear Medicine study – Bone tomography regional	04.00		13.410	977.70 (857.60)		
Soft Tissue							
79900	Nuclear Medicine study – Tumour localisation planar, static	04.00		20.740	1512.20 (1326.50)		
79905	Nuclear Medicine study – Tumour localisation planar, static, multiple studies	04.00		35.170	2564.30 (2249.40)		
79910	Nuclear Medicine study – Tumour localisation planar, static and SPECT	04.00		34.150	2489.90 (2184.10)		
79915	Nuclear Medicine study – Tumour localisation planar, static, multiple studies & SPECT	04.00		47.560	3467.70 (3041.80)		
79920	Nuclear Medicine study – Infection localisation planar, static	04.00		18.430	1343.80 (1178.80)		
79925	Nuclear Medicine study – Infection localisation planar, static, multiple studies	04.00		31.840	2321.50 (2036.40)		
79930	Nuclear Medicine study – Infection localisation planar, static and SPECT	04.00		31.840	2321.50 (2036.40)		
79935	Nuclear Medicine study – Infection localisation planar, static, multiple studies and SPECT	04.00		45.250	3299.30 (2894.10)		
79940	Nuclear Medicine study – Regional lymph node mapping dynamic	04.00		6.020	438.90 (385.00)		
79945	Nuclear Medicine study – Regional lymph node mapping, static, planar	04.00		24.100	1757.20 (1541.40)		

Code	Description	Var	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
79950	Nuclear Medicine study – Regional lymph node mapping, static, planar, multiple studies	04.00		37.510	2734.90 (2399.00)		
79955	Nuclear Medicine study – Regional lymph node mapping and SPECT	04.00		13.410	977.70 (857.60)		
79960	Nuclear Medicine study – Lymph node localisation with gamma probe	04.00		13.410	977.70 (857.60)		
Intervention							
General							
	Codes 80600, 80605, 80610, 80620, 80630, 81660, 81680, 82600, 84660, 85640, 85645, 86610, 86615, 86620, 86630, (aspiration / biopsy / ablations etc) may be combined with the relevant guidance codes (fluoroscopy, ultrasound, CT, MR) as previously described. The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be combined with these codes. If ultrasound guidance (00230) is used for a procedure which also attracts one of the machine codes (00510, 00520, 00530, 00540, 00550, 00560), it may not be billed for separately. Codes 80640, 80645, 87682, 87683 include fluoroscopy. Machine fees may not be added. All other interventional procedures are complete unique procedures describing a whole comprehensive procedure and combinations of different codes will only be supported when motivated.						05.03
80600	Percutaneous abscess, cyst drainage, any region	04.00				9.370	683.20 (599.30)
80605	Fine needle aspiration biopsy, any region	04.00				4.220	307.70 (269.90)
80610	Cutting needle, trochar biopsy, any region	04.00				6.360	463.70 (406.80)
80620	Tumour/cyst ablation chemical	04.00				25.370	1849.80 (1622.60)
80630	Tumour ablation radio frequency, per lesion	05.03				21.210	1546.50 (1356.60)
80640	Insertion of CVP line in radiology suite	04.00				8.990	655.50 (575.00)
80645	Peripheral central venous line insertion	05.03				12.120	883.70 (775.20)
80650	Infiltration of a peripheral joint, any region	05.03				6.400	466.60 (409.30)
	May be combined with relevant guidance (fluoroscopy, ultrasound, CT and MR). May not be combined with machine codes 00510, 00520, 00530, 00540, 00550, 00560 or 86610 (facet joint or SI joint) or arthrogram codes.	05.03					
Neuro intervention							
81600	Intracranial aneurysm occlusion, direct	04.00				214.520	15641.10 (13720.30)
81605	Intracranial arteriovenous shunt occlusion	04.00				254.820	18579.40 (16297.70)
81610	Dural sinus arteriovenous shunt occlusion	04.00				264.330	19272.80 (16906.00)
81615	Extracranial arteriovenous shunt occlusion	04.00				157.280	11467.60 (10059.30)
81620	Extracranial arterial embolisation (head and neck)	04.00				163.120	11893.40 (10432.80)
81625	Carotocavernous fistula occlusion	04.00				192.290	14020.20 (12298.40)
81630	Intracranial angioplasty for stenosis, vasospasm	04.00				126.920	9254.00 (8117.50)
81632	Intracranial stent placement (including PTA)	05.03				133.720	9749.80 (8552.50)
81635	Temporary balloon occlusion test	04.00				83.420	6082.30 (5335.40)
	Code 81635 does not include the relevant preceding diagnostic study and may be combined with codes 10500, 10510, 10530, 10540, 10550.	05.03					
81640	Permanent carotid or vertebral artery occlusion (including occlusion test)	04.00				178.180	12991.50 (11396.10)
81645	Intracranial aneurysm occlusion with balloon remodelling	04.00				216.350	15774.50 (13837.30)
81650	Intracranial aneurysm occlusion with stent assistance	04.00				230.450	16802.60 (14739.10)
81655	Intracranial thrombolysis, catheter directed	04.00				58.940	4297.40 (3769.60)
	Code 81655 may be combined with any of the other neuro interventional codes 81600 to 81650	05.03					
81660	Nerve block, head and neck, per level	05.03				7.660	558.50 (489.90)
81665	Neurolysis, head and neck, per level	05.03				20.140	1468.40 (1288.10)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
81670	Nerve block, head and neck, radio frequency per level	05.03				19.040	1388.20 (1217.70)
81680	Nerve block, coeliac plexus or other regions, per level	05.03				9.280	676.60 (593.50)
Thorax							
82600	Chest drain insertion	04.00				8.820	643.10 (564.10)
82605	Trachial, bronchial stent insertion	04.00				30.360	2213.60 (1941.80)
Gastrointestinal							
83600	Oesophageal stent insertion	04.00				31.220	2276.30 (1996.80)
83605	GIT balloon dilation	04.00				24.360	1776.10 (1558.00)
83610	GIT stent insertion (non-oesophageal)	04.00				32.020	2334.60 (2047.90)
83615	Percutaneous gastrostomy, jejunostomy	04.00				25.360	1849.00 (1621.90)
Hepatobiliary							
84600	Percutaneous biliary drainage, external	04.00				33.980	2477.50 (2173.20)
84605	Percutaneous external/internal biliary drainage	04.00				37.210	2713.10 (2379.90)
84610	Permanent biliary stent insertion	04.00				51.220	3734.60 (3276.00)
84615	Drainage tube replacement	04.00				20.220	1474.30 (1293.20)
84620	Percutaneous bile duct stone or foreign object removal	04.00				49.980	3644.10 (3196.60)
84625	Percutaneous gall bladder drainage	04.00				29.580	2156.70 (1891.80)
84630	Percutaneous gallstone removal, including drainage	04.00				69.250	5049.20 (4429.10)
84635	Transjugular liver biopsy	04.00				24.930	1817.70 (1594.50)
84640	Transjugular intrahepatic Portosystemic shunt	04.00				119.470	8710.80 (7641.10)
84645	Transhepatic Portogram including venous sampling, pressure studies	04.00				81.890	5970.80 (5237.50)
84650	Transhepatic Portogram with embolisation of varices	04.00				100.810	7350.30 (6447.60)
84655	Percutaneous hepatic tumour ablation	04.00				15.680	1143.30 (1002.90)
84660	Percutaneous hepatic abscess, cyst drainage	04.00				13.200	962.40 (844.20)
84665	Hepatic chemoembolisation	04.00				59.440	4333.90 (3801.70)
84670	Hepatic arterial infusion catheter placement	04.00				60.300	4396.60 (3856.70)
Urogenital							
85600	Percutaneous nephrostomy, external drainage	04.00				29.970	2185.20 (1916.80)
85605	Percutaneous double J stent insertion including access	04.00				40.820	2976.30 (2610.80)
85610	Percutaneous renal stone, foreign body removal including access	04.00				66.790	4869.80 (4271.80)
85615	Percutaneous nephrostomy tract establishment	04.00				29.270	2134.10 (1872.00)
85620	Change of nephrostomy tube	04.00				15.900	1159.30 (1016.90)
85625	Percutaneous cystostomy	04.00				16.520	1204.50 (1056.60)
85630	Urethral balloon dilatation	04.00				14.240	1038.30 (910.80)
85635	Urethral stent insertion	04.00				31.220	2276.30 (1996.80)
85640	Renal cyst ablation	04.00				11.920	869.10 (762.40)
85645	Renal abscess, cyst drainage	04.00				15.160	1105.30 (969.60)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
85655	Fallopian tube recanalisation	04.00				45.060	3285.40 (2881.90)
Spinal							
86600	Spinal vascular malformation embolisation	04.00				275.160	20062.50 (17598.70)
86605	Vertebroplasty per level	04.00				22.300	1625.90 (1426.20)
86610	Facet joint block per level, uni- or bilateral	05.03				9.540	695.60 (610.20)
	Code 86610 may only be billed once per level, and not per left and right side per level	04.00					
86615	Spinal nerve block per level, uni- or bilateral	05.03				8.160	595.00 (521.90)
86620	Epidural block	04.00				9.420	686.80 (602.50)
86625	Chemoneucleolysis, including discogram	04.00				18.320	1335.70 (1171.70)
86630	Spinal nerve ablation per level	04.00				11.600	845.80 (741.90)
Vascular							
	Code 87654 (Thrombolysis follow up) may only be used on the days following the initial procedure, 87650 (thrombolysis). If a balloon angioplasty and / or stent placement is performed at more than one defined anatomical site at the same sitting the relevant codes may be combined. However multiple balloon dilatations or stent placements at one defined site will only attract one procedure code.						04.00
87600	Percutaneous transluminal angioplasty: aorta, IVC	04.00				56.560	4123.90 (3617.50)
87601	Percutaneous transluminal angioplasty: iliac	04.00				55.760	4065.60 (3566.30)
87602	Percutaneous transluminal angioplasty: femoropopliteal	04.00				60.160	4386.40 (3847.70)
87603	Percutaneous transluminal angioplasty: subpopliteal	04.00				73.340	5347.40 (4690.70)
87604	Percutaneous transluminal angioplasty: brachiocephalic	04.00				67.120	4893.90 (4292.90)
87605	Percutaneous transluminal angioplasty: subclavian, axillary	04.00				60.160	4386.40 (3847.70)
87606	Percutaneous transluminal angioplasty: extracranial carotid	04.00				71.620	5222.00 (4580.70)
87607	Percutaneous transluminal angioplasty: extracranial vertebral	04.00				73.300	5344.40 (4688.10)
87608	Percutaneous transluminal angioplasty: renal	04.00				87.690	6393.70 (5608.50)
87609	Percutaneous transluminal angioplasty: coeliac, mesenteric	04.00				87.690	6393.70 (5608.50)
87620	Aorta stent-graft placement	04.00				120.750	8804.10 (7722.90)
87621	Stent insertion (including PTA): aorta, IVC	04.00				73.870	5386.00 (4724.60)
87622	Stent insertion (including PTA): iliac	04.00				76.370	5568.30 (4884.50)
87623	Stent insertion (including PTA): femoropopliteal	04.00				77.970	5684.90 (4986.80)
87624	Stent insertion (including PTA): subpopliteal	04.00				84.550	6164.70 (5407.60)
87625	Stent insertion (including PTA): brachiocephalic	04.00				98.470	7179.60 (6297.90)
87626	Stent insertion (including PTA): subclavian, axillary	04.00				86.690	6320.70 (5544.50)
87627	Stent insertion (including PTA): extracranial carotid	04.00				106.990	7800.90 (6842.90)
87628	Stent insertion (including PTA): extracranial vertebral	04.00				100.550	7331.30 (6431.00)
87629	Stent insertion (including PTA): renal	04.00				98.590	7188.40 (6305.60)
87630	Stent insertion (including PTA): coeliac, mesenteric	04.00				98.590	7188.40 (6305.60)
87631	Stent-graft placement: iliac	04.00				76.370	5568.30 (4884.50)
87632	Stent-graft placement: femoropopliteal	04.00				77.970	5684.90 (4986.80)

Code	Description	Var	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
87633	Stent-graft placement: brachiocephalic	04.00				98.470	7179.60 (6297.90)
87634	Stent-graft placement: subclavian, axillary	04.00				82.770	6034.90 (5293.80)
87635	Stent-graft placement: extracranial carotid	04.00				120.430	8780.80 (7702.50)
87636	Stent-graft placement: extracranial vertebral	04.00				114.730	8365.20 (7337.90)
87637	Stent-graft placement: renal	04.00				98.590	7188.40 (6305.60)
87638	Stent-graft placement: coeliac, mesenteric	04.00				98.590	7188.40 (6305.60)
87650	Thrombolysis in angiography suite, per 24 hours	04.00				45.820	3340.80 (2930.50)
	Code 87650 may be combined with any of the relevant non neuro interventional angiography and interventional codes 10520, 20500, 20510, 20520, 20530, 20540, 32500, 32530, 44500, 44503, 44505, 44507, 44510, 44515, 44517, 44520, 60500, 60510, 60520, 60530, 70500, 70505, 70510, 70515, 87600 to 87638.	05.03					
87651	Aspiration, rheolytic thrombectomy	04.00				77.670	5663.10 (4967.60)
87652	Atherectomy, per vessel	04.00				91.890	6699.90 (5877.10)
87653	Percutaneous tunnelled / subcutaneous arterial or venous central or other line insertion	05.03				28.150	2052.50 (1800.40)
87654	Thrombolysis follow-up	04.00				23.570	1718.50 (1507.50)
87655	Percutaneous sclerotherapy, vascular malformation	04.00				21.100	1538.40 (1349.50)
87660	Embolisation, mesenteric	04.00				100.430	7322.60 (6423.30)
87661	Embolisation, renal	04.00				99.360	7244.50 (6354.80)
87662	Embolisation, bronchial, intercostal	04.00				108.340	7899.30 (6929.20)
87663	Embolisation, pulmonary arteriovenous shunt	04.00				103.220	7526.00 (6601.80)
87664	Embolisation, abdominal, other vessels	04.00				101.440	7396.20 (6487.90)
87665	Embolisation, thoracic, other vessels	04.00				97.600	7116.20 (6242.30)
87666	Embolisation, upper limb	04.00				90.920	6629.20 (5815.10)
87667	Embolisation, lower limb	04.00				92.140	6718.10 (5893.10)
87668	Embolisation, pelvis, non-uterine	04.00				117.120	8539.50 (7490.80)
87669	Embolisation, uterus	04.00				113.880	8303.20 (7283.50)
87670	Embolisation, spermatic, ovaria veins	04.00				85.820	6257.30 (5488.90)
87680	Inferior vena cava filter placement	04.00				61.840	4508.90 (3955.20)
87681	Intravascular foreign body removal	04.00				85.030	6199.70 (5438.30)
87682	Revision of access port (tunnelled or implantable)	05.03				14.120	1029.50 (903.10)
87683	Removal of access port (tunnelled or implantable)	05.04				11.120	810.80 (711.20)
87690	Superior petrosal venous sampling	04.00				73.010	5323.30 (4669.60)
87691	Pancreatic stimulation test	04.00				89.790	6546.80 (5742.80)
87692	Transportal venous sampling	04.00				76.950	5610.60 (4921.60)
87693	Adrenal venous sampling	04.00				55.010	4010.90 (3518.30)
87694	Parathyroid venous sampling	04.00				86.660	6318.60 (5542.60)
87695	Renal venous sampling	04.00				55.010	4010.90 (3518.30)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
ANNEXURE A							
	Radiology tariff Contrast price effective 1 Jan 2004 PER VIAL For use in conjunction with codes: 00190 X-ray examination contrast material 00290 Ultrasound examination contrast material 00390 CT examination contrast material 00490 MR examination contrast material 00590 Angiography and interventional examination contrast material Note to Funders: The following contrast items may be grouped into various categories e.g. ionic, non-ionic, and several items may be appropriate for use within a category. Funders may either reimburse as per identified item or may choose to apply a reference price within a category. For detail of methodology refer to Annexure B.						04.00
ANNEXURE B							
	Radiology tariff Contrast price effective 1 Jan 2004 PER VIAL						04.00
	Contrast Index Price Range - 2004 contrast prices						04.00
ANNEXURE C							
	Recommended Isotope and Kit Prices for Nuclear Medicine for 2004 by the Association of Nuclear Medicine Physicians For use in conjunction with codes: 00990 Nuclear Medicine Isotope 00991 Nuclear Medicine Substrate <<Insert object table here>>						04.00
ANNEXURE D. PET GUIDELINES							
A.	INDICATIONS						
	For the purposes of this guideline, only established indications for PET-CT are included and this relates to the more common types of malignancies as seen in practice. While some of the less common forms of cancer may also yield advantages with PET-CT imaging, there is as yet insufficient published data to support the general use and these have been excluded in the list below. This situation may change as new research and information becomes available.						09.00
	1. Non-small cell lung carcinoma (NSCC) a) Primary diagnosis of lesions i. >10mm diameter lesions where conventional imaging and biopsy have been inconclusive. b) Staging especially where curative surgery is planned i. Evaluation of primary tumour (T-stage). ii. Suspected nodal disease or characterization of nodal disease iii. Suspected distal metastases of determining extent of metastases. iv. Solitary distal metastasis where metastatectomy is considered. PET-CT is used to exclude additional lesions which would preclude surgery. c) Investigation of suspected recurrence (restaging) i. Local or regional recurrence ii. Nodal or distal recurrence iii. Determine the extent of proven recurrent disease iv. Differentiate fibrotic mass from active disease d) All patients with proven carcinoma of the lung, who are considered for curative resection, should be imaged with PETCT prior to surgery. e) Current available literature confirms that PET-CT is more accurate than CT or PET alone for staging and restaging of NSCC.						09.00
	2. Hodgkin's and Non-Hodgkin's Lymphoma a) Single most accurate imaging modality for Hodgkins and Non-Hodgkins lymphoma b) Staging i. All patients prior to commencing treatment as baseline, following diagnosis. ii. Indicated at completion of therapy to confirm complete response. c) Monitoring of response to treatment i. Numerous studies have confirmed that mid-treatment PET scans predict clinical outcome. ii. Prognostic value and role in modification of therapeutic regime. d) Investigation of residual or recurrent disease (restaging) i. Where conventional imaging is equivocal for residual disease. ii. Suspected nodal recurrence. iii. Differentiating recurrent and residual disease from post-therapeutic fibrosis and scarring.						09.00
	3. Thyroid carcinoma a) Not indicated for primary diagnosis. b) Staging i. Primary examination of choice is I-123 whole body scintigraphy. ii. Only indicated for differentiated and medullary carcinoma of the thyroid in patients with negative I-123, but with a high index of suspicion for nodal or distal metastases on cross sectional imaging or where whole body I-123 scan is equivocal. c) Investigation of residual or recurrent disease (restaging) i. Elevated thyroglobulin despite negative whole body scintigraphy for differentiated thyroid carcinoma. ii. Elevated calcitonin levels and equivocal imaging findings for medullary thyroid carcinoma. iii. Solitary distal metastasis where metastatectomy is considered. PET-CT is used to exclude additional lesions which would preclude surgery.						09.00

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
							09.00
	<p>4. Head and neck carcinoma</p> <p>a) Primary diagnosis</p> <p>i. There is little, if any, role for PET-CT in primary diagnosis of mucosal lesions.</p> <p>ii. Limited to identifying primary tumour in histologically proven metastatic squamous cell carcinoma in cervical nodes.</p> <p>b) Staging of the primary tumour prior to therapy</p> <p>i. Local nodes which are equivocal on CI (conventional imaging).</p> <p>ii. Suspected distal adenopathy</p> <p>iii. Suspected distal metastases</p> <p>iv. All patients where uni- or bilateral surgery is planned (may alter management and approach by up to 50% and is significantly more accurate than CT alone).</p> <p>v. Excellent sensitivity (95%) for local and distal nodal disease (specificity in local disease may be affected by physiological uptake).</p> <p>c) Investigation of residual or recurrent disease (restaging)</p> <p>i. Differentiating fibrosis and recurrence where routine imaging is equivocal and may reduce the number of equivocal findings by up to 50%.</p> <p>ii. Following neo-adjuvant therapy for re-staging.</p> <p>iii. Suspected local or distal recurrence.</p> <p>iv. Differentiating post-therapeutic changes from residual or recurrent tumours poses significant problems for CT and MRI. PET-CT is significantly more accurate than routine cross sectional imaging in this regard.</p>					09.00	
	<p>5. Breast cancer</p> <p>a) There is no role for PET-CT in the primary diagnosis, sentinel node mapping or imaging of locally contained node negative tumours.</p> <p>b) No role for carcinoma-in-situ.</p> <p>c) PET-CT imaging is limited to patients with infiltrating ductal carcinoma.</p> <p>d) Staging</p> <p>i. Only indicated if there is a significant chance of distal disease as determined by axillary dissection or where conventional imaging is equivocal.</p> <p>ii. Can result in up to 57% change of stage and management compared to other CI (conventional imaging).</p> <p>iii. High accuracy (86% vs. 77% for CT alone) for nodal and distal metastases in patient with infiltrating ductal carcinoma.</p> <p>e) Investigation of recurrent disease (restaging)</p> <p>i. Suspected local or regional recurrence.</p> <p>ii. Suspected nodal or distal metastatic recurrence.</p> <p>iii. Differentiate post therapeutic fibrosis from recurrent or residual tumour.</p> <p>iv. Significantly more accurate for nodal and distal recurrence than conventional imaging.</p>					09.00	
	<p>6. Colorectal cancer</p> <p>a) No role in the diagnosis of the primary tumour.</p> <p>b) Accurate for staging (89%) and restaging (88%)</p> <p>c) Staging</p> <p>i. Suspected distal nodal metastases where conventional imaging is equivocal, particularly distal nodes.</p> <p>ii. Suspected distal metastases.</p> <p>iii. Evaluation of suspected single metastases considered for curative surgical resection to exclude concomitant disease.</p> <p>iv. May result in changes in treatment in up to 27% of patients.</p> <p>d) Investigation of residual or recurrent disease (restaging)</p> <p>i. Suspected local pelvic or distal recurrence</p> <p>ii. Differentiate local and distal post therapeutic changes from residual and recurrent disease.</p> <p>iii. Evaluate and restage following neo-adjuvant therapy.</p> <p>iv. Evaluate patients with rising tumour markers and normal or equivocal conventional imaging.</p>					09.00	
	<p>7. Stomach carcinoma - GIST</p> <p>a) In GIST tumours FDG tracer uptake is established.</p> <p>i. Indicated to determine response to treatment as determined by tumour activity on PET-CT measuring tracer uptake (SUV).</p> <p>ii. Paradigm shift in assessing tumour responses to treatment.</p> <p>iii. Response to Imatinib (Gleevec) can be predicted with 18FFDG as early as 24h after commencing treatment and long before any change in tumour size is demonstrated on conventional imaging.</p> <p>iv. Baseline study before commencing treatment is essential to determine degree of tracer uptake for post-treatment comparison.</p> <p>b) Variable uptake of tracer in other stomach tumours, which is difficult to explain and to predict. Routine imaging is not supported in other types of stomach tumours, at this stage.</p>					09.00	
	<p>8. Testicular Carcinoma</p> <p>a) Complex histology and variable uptake of different histological sub-groups.</p> <p>b) Limited to seminoma and teratoma in the following cases:</p> <p>i. Evaluate residual mass to differentiate residual/recurrent tumour from fibrosis.</p> <p>ii. Suspected recurrence but normal or equivocal conventional imaging findings.</p>					09.00	
	<p>9. Oesophageal carcinoma</p> <p>a) Not indicated for primary diagnosis.</p> <p>b) Staging for nodal and distal metastases (90% accurate)</p> <p>i. Indicated for N-staging, particularly where there is suspected distal nodal disease or where conventional imaging is equivocal.</p> <p>ii. Indicated for M- staging where distal metastases are suspected.</p> <p>iii. Strongly indicated for patient undergoing curative surgery to exclude distal disease.</p> <p>c) Investigation of residual or recurrent disease (restaging)</p> <p>i. Restaging for patients who have undergone neo-adjuvant chemotherapy.</p> <p>ii. Suspected local or distal recurrent disease</p> <p>iii. Differentiate post therapeutic fibrosis from recurrent or residual disease.</p>					09.00	

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
							09.00
	<p>10. Melanoma</p> <p>a) No role in primary diagnosis which is primarily a surgical/histological diagnosis.</p> <p>b) Staging is determined by depth of penetration of the primary tumour and presence of sentinel node at surgery.</p> <p>i. Indicated for Stage 3 and 4 disease where there is a high incidence of distal nodal and metastatic disease.</p> <p>ii. Solitary distal metastasis on conventional imaging where metastatectomy is considered. PET-CT is used to exclude additional lesions which would preclude surgery.</p> <p>iii. Overall N and M staging is significantly more accurate than conventional imaging (97% vs 80%).</p> <p>c) Investigation of recurrent disease (restaging)</p> <p>i. Modality of choice for recurrent nodal and distal metastatic disease.</p> <p>ii. Differentiate post therapeutic fibrosis from recurrent or residual disease.</p> <p>d) PET-CT may alter management in up to 34% of patients with Stage III and IV disease.</p>						09.00
	<p>11. Ovarian carcinoma</p> <p>a) Most cases present as advanced disease.</p> <p>b) Recurrence is frequent and the overall 5-y survival for advanced disease is only 17%.</p> <p>c) Diagnosis and initial staging require a laparotomy as small peritoneal deposits may be difficult to demonstrate on imaging</p> <p>i. PET-CT is indicated where surgical or conventional imaging findings are equivocal for primary staging.</p> <p>ii. PET-CT is accurate for demonstrating nodal and distal disease.</p> <p>iii. Sensitivity is limited by size of peritoneal deposits. It is more accurate for macroscopic disease.</p> <p>d) Investigation of recurrent disease (restaging)</p> <p>i. Superior to CT and MRI for recurrence (92% sens. and 75% spec.).</p> <p>ii. Alternative to a second look laparotomy (presents significant cost saving potential).</p> <p>iii. Definite role for patients with rising tumour marker where conventional imaging is negative for recurrence.</p>						09.00
	<p>12. Carcinoma of unknown primary</p> <p>a) By definition, unknown primary tumours are those that remain undetected after all diagnostic resources have been used.</p> <p>b) PET-CT may detect up to 57% primary tumours when conventional cross sectional imaging has been negative.</p> <p>c) PET-CT is indicated where conventional imaging has failed to identify a primary malignancy.</p>						09.00
B.	LIMITED VALUE AND RELATIVE CONTRAINDICATIONS						
	<p>These conditions are those where there is variable or poor uptake of the tracer FDG or where imaging is routinely performed with tracers other than FDG which are not locally available. This may result in false negative findings using FDG and the routine use of PET-CT should be discouraged.</p>						09.00
	<p>1. Urological Malignancy</p> <p>a) No role in diagnosis and staging of renal cell carcinoma</p> <p>b) Prostate limited to suspected recurrence in histologically proven high grade tumours. Prostate is ideally imaged with Choline as tracer.</p> <p>c) No role for diagnosis and staging of bladder carcinoma</p> <p>2. Broncho-alveolar cell carcinoma</p> <p>3. Small cell carcinoma of the lung</p> <p>4. Hepatocellular carcinoma</p> <p>5. Sarcomas</p> <p>6. Neuro-endocrine tumours</p> <p>7. Anaplastic thyroid carcinoma which is Grade 4 by definition, at diagnosis.</p> <p>8. Suspected brain tumours where MRI is more sensitive and specific.</p> <p>9. Tumours with large mucinous components.</p> <p>10. Lobular carcinoma of the breast</p>						09.00
	<p>In addition to these tumours, imaging should be used with caution in patients who are diabetic or who have recently used high doses of cortico-steroids.</p>						09.00